

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2	1		1		1		52				
3	1				1		53				
4	1		1	1	1		54				
5	①		1		1		55				
6	4		3		3		56				
7	4		3		3		57				
8	4		3		3		58				
9	①		3		3		59				
10	4		3		3		60				
11	4		3		3		61				
12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		3		3		TOTAL IND.				
TOTAL DEP.	24	←	17	←	17	←	TOTAL DEP.	←	↓	←	↓
TOTAL CLAIMS	26		80		20		TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS